Parent choice to WITHDRAW

SCAN and EMAIL to: NAPOnline@act.gov.au

I/We have received the information supplied by our child's school.

After reading the information and in consultation with the school I/we choose **to withdraw** our child from participating in NAPLAN.

I/ We **do** want my/our child to be **WITHDRAWN** from **all** NAPLAN tests. ☐

OR

I/ We **wish** my/our child **participate in** the following NAPLAN tests

(tick the box of the test/s you want your child to participate in)

Reading	☐	Writing	☐
Conventions of Language	☐	Numeracy	☐

I/we understand that our child:

- **will** automatically be **counted as withdrawn** for the purposes of reporting nationally
- **will not** be included in system data
- **will not** be included in school data
- **will not** receive an individual student report if withdrawn from all tests.

Student Details:

Name: .....

Student ID: .....

Year Level: .....

School: .....

Signature Parent/Carer _____ / /2020

Signature of Principal _____ / /2020

Copies

Please update student status in the Assessment Delivery System and retain a copy of the complete form for your records.